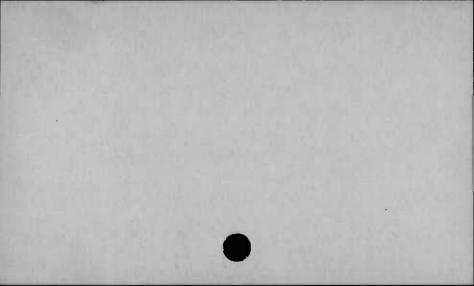
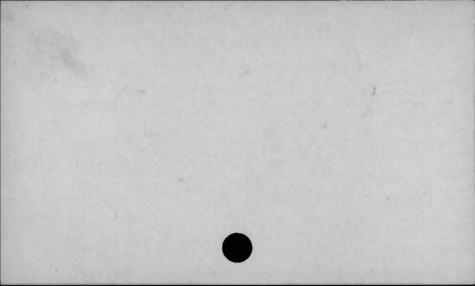
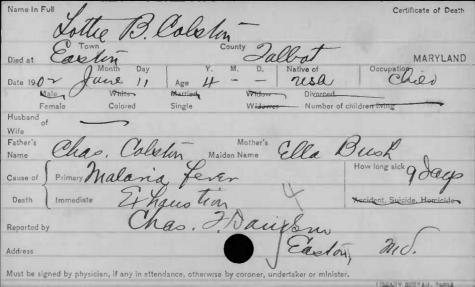
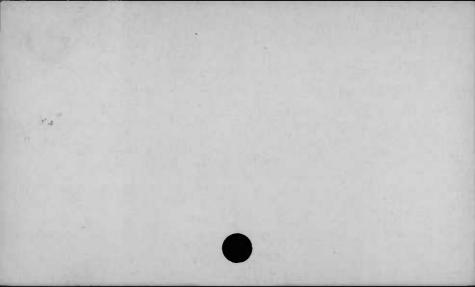
Name in Full Certificate of Death Town County Native of Occupation -Married Widow Divorced Female Colored Single -Widowe Number of children living Husband -Wife Father's Mother's Name Name How long sick Cause of Primary Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY SUREAU, SEDES



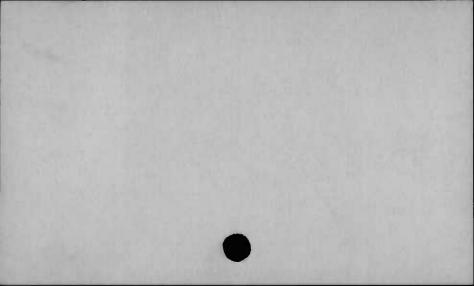
Name in Fuli Ce tificate of Death Died relaw Date 1905 Number of children living Female Colored Wife Father's Name How long sick Cause of Death Immediate Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



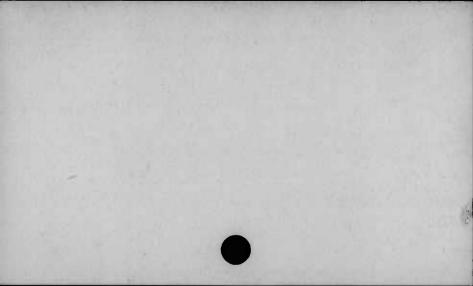




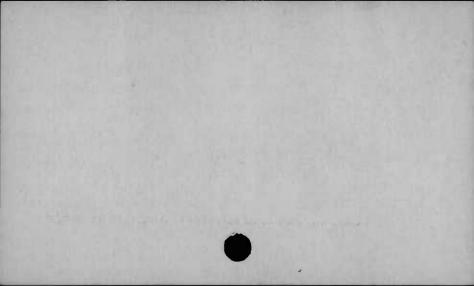
Name in Full Certificate of Death Divorced Colored Single Widower Number of children living Husband Wife Mother's Father's Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker omminister



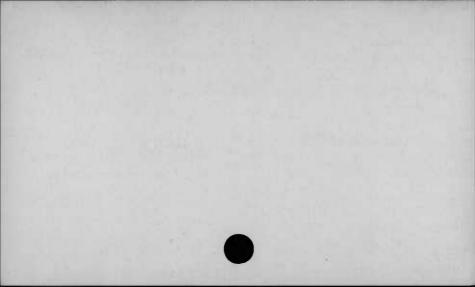
Name in Full Ce tificate of Death Widower Number of children living 3 Husband Henemitta a. Barnes Mother's Father's yoses Delohay Maiden Name Accident Suicide Hotel Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner undertaker or minister.



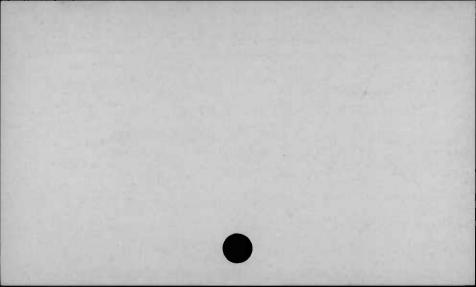
Name in Full Certificate of Death Died at Occupation Date 189 Age Male White Marriad Divorden Famale Colored Single Number of shildren living Husband Wife Mother's Father's Name Cause/of Death Immediate Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY SHREAM, STORR



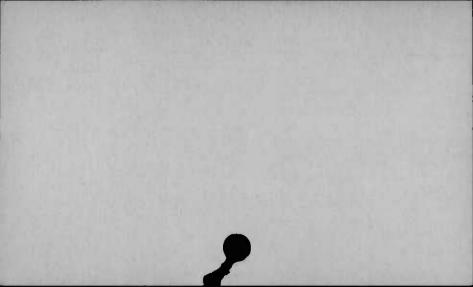
Certificate of Death Name in Full Died at Date 19 0 L VV idosy Divo-cod Number of children/living. Colored Single Widower Husband Wife Mother's Father's Name How long sick Immediate Death Reported by Addres Must be signed by physician, if any in attendance, otherwise by corone, undertaker or minister. LIBRARY BUREAU, 79893



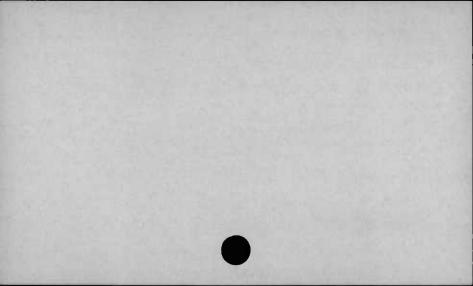
Name in Full Ce tificate of Death MARYLAND Occupation Date 19 02-Colored Single Widowes Number of children living-Husband of Wife Mother's Name Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

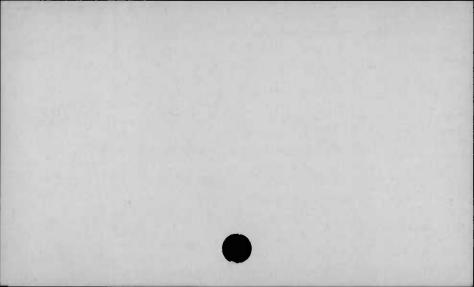


Name in Full Certificate of Death Date 169 / 2 Widow Female Colored Widowes Number of children living Husband Father's Mother's Name Name How long sick Death **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by ? undertaker or minister. LIBRARY BUREAU, BEDES

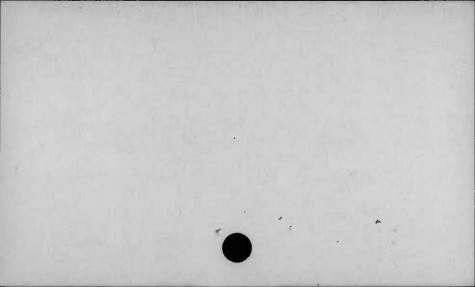


Ce tificate of Death Name in Full an Infant County Easton. MARYLAND Date 19 0 2 Marriad Female Single Widower Number of children living Husband Primary not Knewn Howlong slow p Wife Father's Name Cause of Accident, Suicide, Homicide Death **Immediate** Reported by Bythe Father
Address Eas Con Talbor Co Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TRRARY BURFAU, 79838

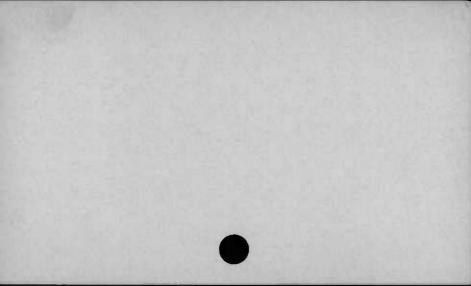




Name In Full Certificate of Death oseph B. Harrington Jr. Native of _ Married Single Number of children living Husband Wife Primary Eutero Coletto. a crete Meringto How long sick 12 or. B. Harring/an Maiden Name Father's Name Death _Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LINGARY SURFAIL 70808



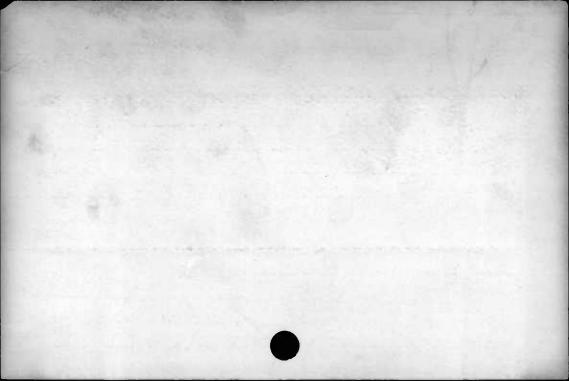
Name in Full Ce tificate of Death L'as ho Died at Occupation Age Want Hp Date 19 0 2 Male White Married Widow Divorced les Colored les Widower Number of children living Single Husband of Wife Hemoley Mother's Caralina Hemyen Father's Name How long sick Crome Branchile, Lope (monty Cause of Accident, Suicide, Homicide Death **Immediate** Edun I.M. Ha. Lowelle Zastin TMI. Ca. / MJ. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



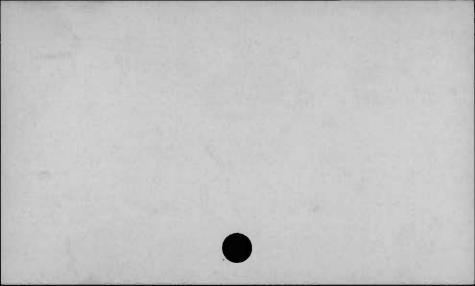
Name in Full Certificate of Death agnes Kellum Died at Gaster Carguity Challed. M. D. Native of Date 1902 Sun 30 Age 34 - Caston It infe White Married Widow Divorced Widower Number of children living Female Colored Single-Wife Steiny Kellerer
Wife Mother's
Father's
Name Milliam Bush Maiden Name Cornelia Newman
How long sick Primary Carcinoma Breast 3 years Immediate Heart failure Accident, Suicide, Homicide Of Easten In. Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

2 2 6

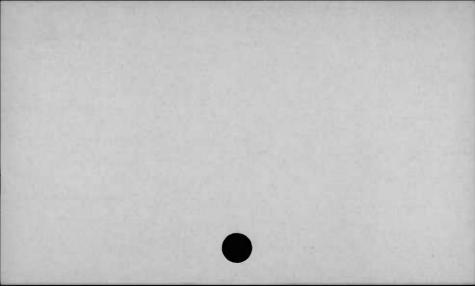
Name CERTIFICATE OF DEATH Full Died at MARYLAND Days Date of death 190 0 Birth-Color or FRIEN ANSWERED piace Married, Single or Widowed REST Name of Wife or Husband Father's Father's Name Birthplace 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OC. Accident or Suicide? LIBRARY BUREAU ASSS16

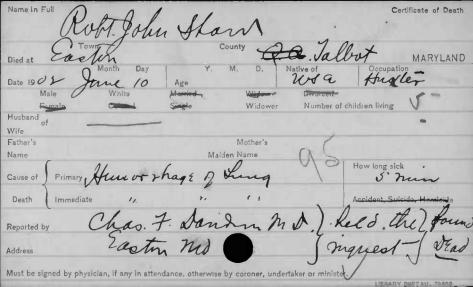


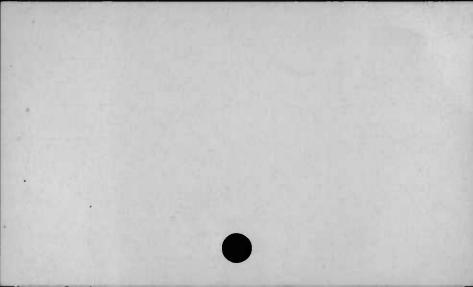
Name in Full Ce tificate of Death MARYLAND Date 19 0 Age Married Widow Divorced Widower Number of children living Female Colored Single Husband Wife Father's Name How long sick Cause of Accident, Sulcide, Homicide Death **Immediate** Reported by Address Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



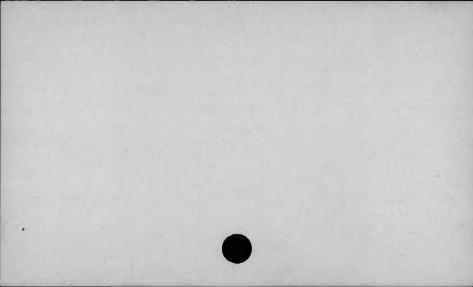
Name in Full Ce tificate of Death MARYLAND Occupation Date 19 8 2_ Divorced Number of children living Female Father's Primary Cause of Accident, Sulcide, Homicide Immediate Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



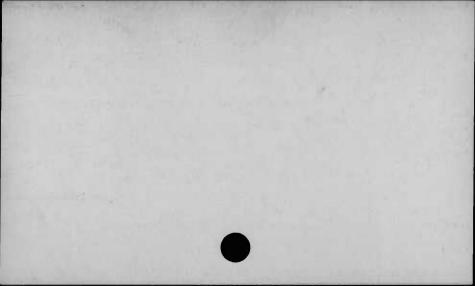




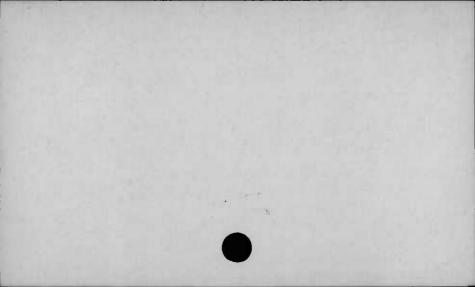
Name in Full Certificate of Death Mina Sewell Shores MARYLAND Occupation At when I sail lean living. Female - Widowes Single Hosband of --Father's enne Nevitt Primary Masking Cough Immediate Congestion of the Lange Reported by W.W. Chaires, M.D. Address Tilgluman, Hede Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY SUREAU, 79898



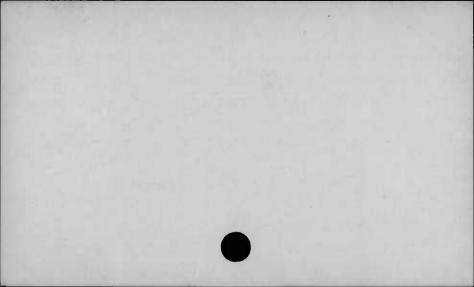
Name in Full Certificate of Death County Died at M. Occupation Date 19 0 Widow Divorced Colored Number of children living Female Single Widower Husband Wife Father's Name Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



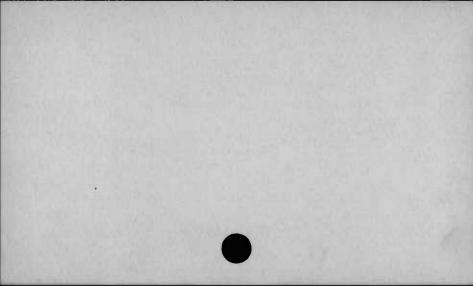
Name in Full Certificate of Death Occupation A. Wefel Widow Number of children living Husband Wife Father's Death Reported by Address Must be signed by physician, if any in attendance, otherwise by corone, undertaker or minister. LIBRARY BUREAU 79999



Name In Full Certificate of Death albert- Jeremuch Wallace Laflact County MARYLAND June 24 Barler Date 1902 Age 27-3-8 Married Widow Widower Number of children living Zzone Husband alliere Jeremiale Wallace Mother's Maiden Name Anna Maria Barleer Name acute uremia, Immediate Exchaustron Death Accident, Suicide, Homicide & Denny Willson Easton hed. Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. HERATY PURFAIL 79808



Name in Full Ce tificate of Death MARYLAND Occupation Widow Married Number of children living Wife Father's Maiden Name Name How long sick Cause of Death Immediate Reported by Address Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79888



Name In Full Ce tificate of Death County MARYLAND Native of new Jers Date 19 07. Male White Married Golored Widower Number of children living Fiernale Single Husband mary nels a. Wise Name Cause of Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

